

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

Form 4. Motion and Affidavit for Permission to Proceed in Forma Pauperis

Instructions for this form: <http://www.ca9.uscourts.gov/forms/form04instructions.pdf>

9th Cir. Case Number(s)

Case Name Colvin vs. M.J Dean Construction, Inc

Affidavit in support of motion: I swear under penalty of perjury that I am financially unable to pay the docket and filing fees for my appeal. I believe my appeal has merit. I swear under penalty of perjury under United States laws that my answers on this form are true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Signature



Date

3/28/24

The court may grant a motion to proceed in forma pauperis if you show that you cannot pay the filing fees **and** you have a non-frivolous legal issue on appeal.

Please state your issues on appeal. (*attach additional pages if necessary*)

(1). The court abused its discretion. the court reason for letting Colvin former counsel not to be responsible for a former attorney lien simply because the attorney reduced his fee is not a legal issue. Colvin had retained counsel to protect his rights and the attorney failed to due his responsibilty to check and see were there any lines filed and he did not. This is legal malpractice.

(2) The court denied my rights to due process under the law Colvin never seen any documents presented at the hearing. Colvin could not be present at this hearing because his attorney and the defendant stipulated be moving the court date without consulting to see if Colvin would be available. Which Colvin , had a prior appointment so Colvin attened the hearing by zoom. This denied Colvin the opportunity to review documents and prepare his defense and responses.

(3) The court retailiation against Colvin for speaking his truth during court proceeding. Colvin was the last to speak. When it came time to address the courtthe court interrupted Colvin, several times and for no cause Colvin, was upset. Colvin, stated to the court he was not and only trying to get his side

1. For both you and your spouse, estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income Source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$	\$ 0	\$
Self-Employment	\$ 0	\$	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$
Interest and Dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child Support	\$ 0	\$	\$ 0	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 212	\$	\$ 212	\$
Disability (such as social security, insurance payments)	\$ 1450	\$	\$ 1450	\$
Unemployment Payments	\$ 0	\$	\$ 0	\$
Public-Assistance (such as welfare)	\$ 0	\$	\$ 0	\$
Other (specify) <input type="text"/>	\$ 0	\$	\$ 0	\$
TOTAL MONTHLY INCOME:	\$ 1662	\$	\$ 1662	\$

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2. List your employment history for the past two years, most recent employer first.
(Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
N/A		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
N/A		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
N/A		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
N/A		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>

3. List your spouse's employment history for the past two years, most recent employer first.
(Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
N/A		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
N/A		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
N/A		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
N/A		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>

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4. How much cash do you and your spouse have? \$

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount You Have	Amount Your Spouse Has
N/A		\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishing.

Home	Value	Other Real Estate	Value
N/A	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Motor Vehicle 1: Make & Year	Model	Registration #	Value
N/A	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Motor Vehicle 2: Make & Year	Model	Registration #	Value
N/A	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Other Assets	Value
N/A	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse	Amount owed to you	Amount owed to your spouse
Page Ranch Trust	\$ <input type="text" value="14,000"/>	\$ <input type="text" value="N/A"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

7. State the persons who rely on you or your spouse for support. If a dependent is a minor, list only the initials and not the full name.

Name	Relationship	Age
PC	SON	17
MC	DAUGHTER	6
EC	SON	11

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 800	\$
- Are real estate taxes included? <input type="radio"/> Yes <input type="radio"/> No		
- Is property insurance included? <input type="radio"/> Yes <input type="radio"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 50	\$
Home maintenance (repairs and upkeep)	\$ 0	\$
Food	\$ 100	\$
Clothing	\$ 0	\$
Laundry and dry-cleaning	\$ 0	\$
Medical and dental expenses	\$ 0	\$
Transportation (not including motor vehicle payments)	\$ 0	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance (not deducted from wages or included in mortgage payments)		
- Homeowner's or renter's	\$ 18	\$
- Life	\$ 0	\$
- Health	\$ 0	\$
- Motor Vehicle	\$ 0	\$
- Other N/A	\$ 0	\$
Taxes (not deducted from wages or included in mortgage payments)		
Specify N/A	\$ 0	\$

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	You	Spouse
Installment payments		
- Motor Vehicle	\$ 0	\$
- Credit Card (name) N/A	\$ 0	\$
- Department Store (name) N/A	\$ 0	\$
Alimony, maintenance, and support paid to others	\$ 0	\$
Regular expenses for the operation of business, profession, or farm (attach detailed statement)	\$ 0	\$
Other (specify) N/A	\$ 0	\$
TOTAL MONTHLY EXPENSES	\$ 968	\$

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? ☐ Yes ☒ No

If Yes, describe on an attached sheet.

10. Have you spent—or will you be spending—any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☒ No

If Yes, how much? \$

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I live off my ssdi and at times family and friends will help.

12. State the city and state of your legal residence.

City Las Vegas

State Nevada

Your daytime phone number (ex., 415-355-8000) (503) 490-6564

Your age 54

Your years of schooling 11

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